Products4Doctors

SYNERGENDX
IMPACTING GLOBAL HEALTHCARE

Date:

ACCOUNT ENROLLMENT

Please complete in Full

Fax to: 727-233-1190 Email to eric@products4doctors.com

Offc #**727-213-0800**

ACCOUNT INFORMATION

Facility Name:		Date:	
Street/Suite:			
City:		State:	Zip:
Phone:		Fax:	
Office Contact:		Email:	

Shipping pickup Day/Time:	M:	T:	W:	TH:	F:

Does Account Presently Have Daily Pick-up Service? YES No Current Carrier: ☐ FedEx ☐ UPS

Does the office need DAILY pickups scheduled ? YES No

Report Delivery will be via FAX & Online Portal

Email (PORTAL LOGIN)

Weekend Phone ON CALL RESULTS:

SALES INFORMATION

Sales Representative	Sales Manager
Name: Eric Karukin	Name:
Email: eric@products4doctors.com	Email:
Cell: 727-645-7774	Cell:

SHIPPING ADDRESS FOR SUPPLIES

ATTN:			
Street/Suite:			
City:		State:	Zip:

PROVIDER INFORMATION - If PA/NP, PLEASE LIST NAME OF SUPERVISING MD

Name of Provider	Title	Provider NPI & Email
		NPI:
		Email:
		NPI:
		Email:
		NPI:
		Email:

SEE ADD PAGE FOR ADDITIONAL SPACE TO LIST PROVIDERS

check or circle your testing interests so we can get you proper kits please

- ☐ RespiraPath™ (Nasopharyngeal)
- ☐ UriPath™ (Urine Cup & Swab)
- ☐ WoundPath™ (General Swab)
- ☐ GastroPath™ (General Swab)
- ☐ CGX, PGX,

NAIL
Skin Punch Biopsy
Allergy
TOXICOLOGY
Blood Wellness